

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L58338

(9)

1. Corporation Name
QUICK SOD SERVICE, INC.

FILED
97 OCT -7 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

P O BOX 1655
BELLE GLADE FL 33430

Mailing Address

P O BOX 1655
BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 12800 U.S. 98

Suite, Apt. #, etc.

22

City & State

23 SEBRING, FL

Zip

24 33870

Country

25 U.S.A.

2a. Mailing Address

26 P O Box 87

Suite, Apt. #, etc.

27

City & State

28 LORIDA FL

Zip

29 33857

Country

30 U.S.A.

3. Date incorporated or Qualified

03/20/1990

3a. Date of Last Report

03/12/1996

4. FET Number

59-3000440

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

10. Name and Address of New Registered Agent

RESMONDO, R. KENNETH, JR
1818 PARK AVE
FT LAUDERDALE FL 33326

81 Name Reuben K. RESMONDO SR.

82 Street Address (P.O. Box Number is Not Acceptable)

12800 U.S. 98

83

84 City SEBRING

FL

85 Zip Code

33870

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *R. K. Resmondo Sr.*

Signature typed or printed name of registered agent and box if applicable

(NOTE: Registered Agent signature required when relinquishing)

DATE

June 29, 1997

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PSTD
STREET ADDRESS ROHNER, MARGARET
CITY-ST-ZIP 7305 ENCANOT CT
TAMPA FL

TITLE ☒ DELETE

NAME RESMONDO, R. KENNETH JR
STREET ADDRESS 1818 PARK AVE
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE

NAME ~~RESMONDO, R. KENNETH JR~~
STREET ADDRESS ~~1818 PARK AVE~~
CITY-ST-ZIP ~~FT LAUDERDALE FL~~

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME ~~RESMONDO, R. KENNETH JR~~
STREET ADDRESS ~~1818 PARK AVE~~
CITY-ST-ZIP ~~FT LAUDERDALE FL~~

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P O BOX 87 N/A

LORIDA FL 33857

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

DVP
R. K. Resmondo Sr.

12800 U.S. 98
SEBRING FL 33870

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that
I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Margaret Rohner* 7-2-97

CR2E034 (4/97)